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Statistical Brief

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HEALTH AND THE PRE-ELDERLY IN NORTH CAROLINA – Survey Estimates by Race

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In this Brief, we examine telephone survey data for the household population 50-64 years old (pre-elders). This is because the significant “baby boom” generation has just begun to pass age 50 and the state’s health community needs to be prepared for this large population group who will reach age 65 between the years 2010 and 2030. Also, ages 50 and older are the focus of a number of health promotion/disease prevention initiatives to improve the quality of life for older adults. A separate Brief¹ examines survey data for the state’s household population 65 years of age and older (elders).

The data of this Brief are from the North Carolina Health Profile (NCHP) telephone survey conducted during the Fall of 1995. The NCHP was funded by The Robert Wood Johnson Foundation. Readers should be aware that all statistics are subject to the usual limitations of telephone sampling and classification errors by respondents.

Data presented here are for the state’s non-institutionalized population 50-64 years of age. The results are directly comparable to those reported for the population 65 and older.¹ The total sample size for ages 50-64 is 514.

Figure 1
**More minorities than whites report
their health as fair or poor**



Health Status

- Asked to rate their health on a 5-point scale of poor to excellent, more minorities than whites said “fair” or “poor” (Figure 1). Twelve percent of minorities, compared to seven percent of whites, said “poor.”
- Nineteen percent of minorities and 18 percent of whites said it was difficult to do certain activities such as work or housework because of their health.
- Minorities (16%) were more likely than whites (12%) to report a major health problem during the past year.
- Among those reporting a major problem or that of a related household member, financial hardship resulting from the problem(s) was reported by 82 percent of minorities versus 43 percent of whites.





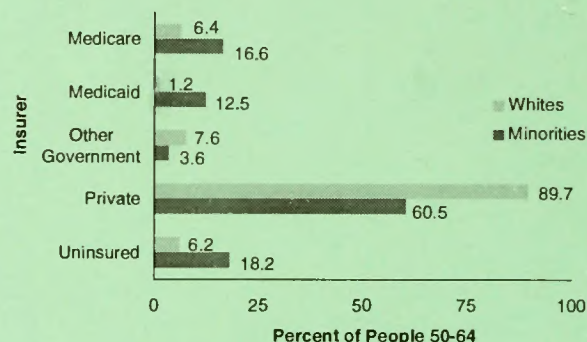
Health Insurance Coverage

- Eighteen percent of minorities compared to six percent of whites reported no health insurance coverage during the entire past year (Figure 2).
- An estimated six percent of whites compared to 17 percent of minorities were covered by Medicare.
- More minorities (13%) than whites (1%) reported coverage by Medicaid.
- Whites (90%) were far more likely than minorities (61%) to have private insurance.
- Among the privately insured, about two percent of whites and three percent of minorities reported the insurance included no coverage for hospital expenses; six percent of whites and 10 percent of minorities reported no coverage for doctor visit expenses.
- Among the privately insured, 75 percent of whites compared to 61 percent of minorities were insured through a current or former employer or union.

Health Care

- More minorities (15%) than whites (10%) reported inpatient hospital care during the past year.
- Asked about routine (preventive) health care, about 85 percent of whites and 72 percent of minorities reported a usual source of care. Compared to whites, minorities appear less likely to go to a doctor's office or private clinic and more likely to go to a hospital for routine care (Figure 3).
- Minorities were more likely than whites to report no routine care during the past year (Figure 4).
- NCHP respondents were asked if there had been a time in the past year when they needed routine health care, such as a regular checkup or a test, but were un-

Figure 2
More minorities than whites report no health insurance in past year

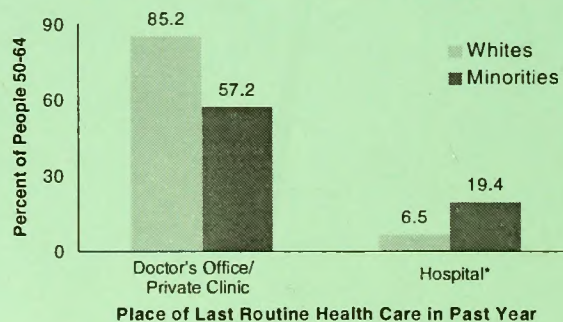


able to get it. "Yes" responses represented 6.5 percent of minorities versus 4.6 percent of whites. Problems getting to and from last routine care in past year were also reported more often by minorities (4.2%) than whites (0.6%).

Satisfaction with Health Care

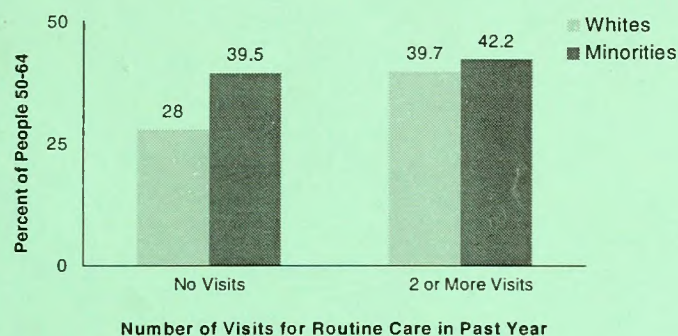
- Among those hospitalized during the past year, 87 percent rated their last stay as good, very good, or excellent. Ratings of "excellent" were more prevalent among whites (44%) than minorities (14%).
- Among those receiving routine care during the past year, 97 percent rated their last visit as good or better. Ratings of "excellent" were more prevalent among whites (55%) than minorities (28%).

Figure 3
More minorities than whites report routine care from a hospital



* Includes hospital, hospital emergency room, and hospital outpatient clinic.

Figure 4
More minorities than whites report no visits for routine care in past year



Discussion

Compared to whites in their same age group, minorities 50-64 years old appear less healthy, less likely to have health insurance, and less likely to have a usual source of routine health care. During the past year, minorities were also less likely to get routine care, more likely to have been hospitalized, and more likely to have received their last routine care from a hospital. They were less likely than whites to give their last hospital and routine care visits an "excellent" rating.

When the results for ages 50-64 (pre-elders) are compared to those for ages 65 and older (elders),¹ the following major differences are observed:

- As expected, the pre-elders self-reported better overall health status. However, minority pre-elders (16%) were more likely than their elders (9%) to report a major health problem during the past year. For whites, the percentages were close – 12 for pre-elders and 14 for elders.
- Compared to elders, pre-elders were much more likely to report financial hardship resulting from major health problems during the past year.
- Pre-elders were more likely to have private health insurance but also more likely to be uninsured.
- Pre-elders were more likely to report no routine care, routine care from a hospital, and inability to get needed routine care during the past year.
- Among pre-elders, minorities reported inpatient hospitalization and lack of routine care during the past year more often than whites. Among elders, whites reported hospitalization and lack of routine care more often.

Concerning the reporting of a major health problem in the past year, the relative frequency among pre-elders compared to elders may be due in part to an age-related difference in perception of what a major health problem is. It is more likely, however, that many elders having major problems were institutionalized and therefore not included in the survey. Also, more elders than pre-elders probably died from a major health problem during the past year.

In order to maintain functional independence throughout the later years of life, people over age 50 need regular primary health care. Screening services are especially important. Yet, among North Carolinians 50 and older in 1993, only 58 percent of minority women reported a mammogram and clinical breast exam in the past two years; only 27 percent of minority men reported ever having a proctoscopic examination.²

The fact sheet cited above² examines other health data for the state's older population. Topics covered are: population, health status, hospitalizations, cancer incidence, institutional care, and mortality. Copies may be obtained from Betty Wiser in the Division of Health Promotion, DEHNR, at (919) 715-0122.

References

¹North Carolina Department of Environment, Health, and Natural Resources, State Center for Health Statistics for the Council on Health Policy Information. *Health and the Elderly in North Carolina – Differences Between Whites and Minorities*. Statistical Brief No. 4, September 1996.

²N.C. Department of Environment, Health, and Natural Resources, State Center for Health Statistics for Division of Health Promotion. *A Health Profile of Older North Carolinians*. April 1996.

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Enough detail was presented on each topic ☐ Yes ☐ No

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